PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 4 should be completed where

appropriate. All further coindicated unless corrected maintenance fee notification	rrespondence including the l below or directed otherwise	Patent, advance orders in Block 1, by (a) spe	and notification ecifying a new co	of maintenance fees w rrespondence address;	vill be mailed to the current and/or (b) indicating a sep	correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block I)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
	590 04/09/2004	a an ima			-		
FITZPATRICK CELLA HARPER & SCINTO 30 ROCKEFELLER PLAZA NEW YORK, NY 10112				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.			
•		JUL 1 2	2004 👸		John A. Kraus	Depositor's name)	
		2		/ 1/1/	1/ Olego	(Signature)	
		TENT .	COUNTY	<u> </u>	July 9, 200)4 (Date)	
APPLICATION NO.	FILING DATE	FIRS	T NAMED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/922,641	08/07/2001	2001 Kenji Ka			35.C15667	9268	
TITLE OF INVENTION: THEREFOR	LARGE-AREA FIBER P	LATE, RADIATION	IMAGE PICKUI	APPARATUS UTI	LIZING THE SAME AND	PRODUCING METHOD	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1330	·	\$300	\$1630	07/09/2004	
EXAMINER		ART UNIT	CL	ASS-SUBCLASS	ASS		
HANNAHER, CONSTANTINE		Ž878		250-368000	J		
Change of correspondence address or indication of "Fe				 -	list (1) the Fitzpa	atrick, Cella,	
CFR 1.363).	i.	` -, n	ames of up to	registered patent a	ttorneys or 1 Harpen	& Scinto	
☐ Change of correspond Address form PTO/SB/1	ence address (or Change of C 22) attached.	f f	irm (having as a	tively, (2) the name member a registered nes of up to 2 registe	attorney or 2		
☐ "Fee Address" indicat PTO/SB/47; Rev 03-02 Number is required.	tion form	form attorneys or agents If no name is listed .					
3. ASSIGNEE NAME AND	D RESIDENCE DATA TO B	E PRINTED ON THE	PATENT (print o	r type)	_ 	· · · · · · · · · · · · · · · · · · ·	
PLEASE NOTE: Unless been previously submitte (A) NAME OF ASSIGN	an assignee is identified be ed to the USPTO or is being t IEE	submitted under separa	te cover. Complet	patent. Inclusion of as on of this form is NOT Y and STATE OR CO	a substitute for filing an ass	iate when an assignment has signment.	
CANON KABUS		Tokyo, Japan					
Please check the appropriate	e assignee category or catego	ries (will not be printed	d on the patent);	☐ individual 🍇 o	corporation or other private g	roup entity government	
4a. The following fee(s) are			yment of Fee(s):		, ,	, , , , , , , , , , , , , , , , , , , ,	
X Issue Fee	13 0 A	A check in the amount of the fee(s) is enclosed.					
Dublication Fee		Payment by credit card. Form PTO-2038		is attached.			
X Advance Order - # of Copies 5 ☑ The				Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Account Number $06-1205$ (enclose an extra copy of this form).			
Director for Patents in reque	ested to apply the Issue Fee a				· · · · · · · · · · · · · · · · · · ·	····	
(Authorized Signature) (Oate) July 9, 20 NOTE: The Issue Pee and Publication Fee (if required) will not be accept other than the applicant, a registered attorney or agent; or the assignee of interest as shown by the records of the United States Patent and Trademark O			004				
			ed from anyone r other party in ffice.	07/13/2004 (01 FC:1501	CCKAU2 00000140 039		
This collection of information is required by 37 CFR 1.311. The information is require				02 FC:8001		1330.00 DP 15.00 DP	
obtain or retain a benefit application. Confidentialit estimated to take 12 minu completed application for case. Any comments on suggestions for reducing Patent and Trademark 22313-1450. DO NOT S SEND TO: Commissioner	ation is required by 37 CFR by the public which is to f y is governed by 35 U.S.C. I les to complete, including g m to the USPTO. Time wi the amount of time you this burden, should be sent Office, U.S. Department SEND FEES OR COMPLE for Patents, Alexandria, Vir	ile (and by the USPTC 22 and 37 CFR 1.14. T athering, preparing, an Il vary depending upo require to complete ti to the Chief Informati of Commerce, Alexa TOD FORMS TO TH ginia 22313-1450.	O to process) an This collection is d submitting the n the individual his form and/or on Officer, U.S. andria, Virginia HIS ADDRESS.	03 FC:1504		300.00 02	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.